

RURAL DISTRICT OF MERE AND TISBURY

ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

Incorporating

THE REPORT

of

THE CHIEF PUBLIC HEALTH INSPECTOR

for the year 1970

RURAL DISTRICT OF MERE AND TISBURY
ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
INCORPORATING THE REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1970

To the Chairman and Councillors of the Rural District of Mere and Tisbury.

I have the honour to present the Annual Report on the public health of the district during the year 1970. The report follows the recommendations of the Ministry of Health in Circular No. 1, 1970. Sections 5(3) and 15(5) of the Public Health Officers' Regulations, 1959, are referred to in this Circular, which sections draw attention to the provision in the Regulations for the Medical Officer of Health to comment on any matter which he thinks desirable in relation to the public health in this area, in addition to any on which he is specifically required to report.

The Report of the Chief Public Health Inspector, Mr. Harry Sharratt, is incorporated. This provided me with detailed information in regard to environmental health in the district, to supplement that derived from my own personal observation, and enables some further comments to be made.

Some references to the amenities in this Rural District are made in the body of this report, but I would like to comment here on one such amenity which while perhaps having only an indirect influence on health does tend to give pleasure. This is the care given by the Wiltshire County Council Roads and Bridges Dept., under the County Surveyor, Mr. C.R. Chadwick to the preservation of the more beautiful or rare flora on the roadside verges. This is done by care in the use of herbicides or indiscriminate cutting. This was mentioned in the July 1971 issue of the Rural District Councils Review, in which Wiltshire was mentioned as one of the very few County Authorities in England that do, as yet, take this special care of the verges.

I wish to record my appreciation of the assistance and co-operation of the staff of the Public Health Department, particularly Mr. Sharratt and of my associates in other departments of the Council. I also thank most gratefully my colleagues, the local General Medical Practitioners and Health Visitors, also Dr. Peter Wormald, Director of the Salisbury Public Health Laboratory, for their kind and friendly co-operation, also the County Medical Officer of Health, Dr. C. D. L. Lycett, for his helpful co-operation during the year.

I would like readers of this report particularly to note Dr. Lycett's comments in his Annual Report for 1969 about the commendable way the District Councils in Wiltshire have developed the environmental sanitary services particularly rural sewerage schemes, in recent years. This is recorded in the section of my report "Environmental Public Health" on page 20.

There is an arrangement between the East Wilts. Districts and South Wiltshire

(Contd...)

group of districts, excluding Salisbury City, under which their Medical Officers of Health deputise for each other during holiday periods or other absences from work. I would like to thank my East Wilts colleague Dr. F. D. F. Steede for his help, for the year.

I have the honour to be,

Your obedient Servant,

F. John G. Lishman

F. JOHN G. LISHMAN

Medical Officer of Health.

INTRODUCTORY SUMMARY

Special attention is drawn to the following sections of the Report.

1. In the 'Vital Statistics' Section:-

The 'standardised' general death rate of 11.7 per 1,000 is almost identical with that for last year and is the same as that for England and Wales, but higher than the previous year's rate, for the County of Wiltshire, (10.7). Over half of it was due to diseases of the heart or circulation and nearly a quarter due to cancer.

The maternal mortality rate is again nil.

The infant mortality rate of 41 per 1,000 live births is much higher than that of last year's rate of 18, and the perinatal death rate is also higher at 34 per 1,000 live births, compared with 21 last year.

The cancer death rate is a little lower at 3.0 instead of 3.3 and nearly a quarter of these were due to lung cancer. The death rate from heart and circulation diseases at 7.4 is a little higher than last year (7.0) and is still the most frequent cause of death. Coronary disease, now classified by the Registrar General as "Ischaemic Heart Disease" (rate 3.3) was the most frequent single heart or circulatory cause.

2. In the "Communicable Diseases" section:-

The District was fortunate in having fairly low incidence of notifiable communicable diseases, (62) and this was mainly due to Measles (44) Dysentery (Sonne) (7) and Infective Hepatitis (4). There were 3 notifications of respiratory tuberculosis and 2 of non-respiratory tuberculosis - an increase from one in 1969. This was due to a small outbreak among families in the Fonthill Gifford and Hindon area.

No case of (respiratory) tuberculosis died during the quarter.

3. In the 'Environmental Public Health and Food' Section:-

The need for enrichment of the fluoride-weak drinking water available from the Mere and Maiden Bradley sources remains. The West Wilts. Water Board are still waiting for a lead from the Wiltshire County Council in this matter.

Work began on the sewerage scheme for East Knoyle during the year. Next in priority will be Chilmark, with Teffont. It seems likely that the sewage from the Chilmark R.A.F. Station will be incorporated in that scheme.

In housing, in spite of the substantial amount of work done by the Council in providing Council dwellings in previous years there is still a great need for more housing accommodation for people at present without their own homes, plus a much smaller number of people who may be now living in worn out or insanitary buildings in the 'condemned' class. The number of families on the waiting list for housing by the Authority (302) remains nearly the same as the previous year. The need to conserve every acre of good agricultural land remains important for the health and welfare of this country.

For old people, there is a serious deficiency in that the nearest residential home for the elderly, or seriously handicapped not so old,

is at Warminster, too far away and without a regular public transport service from Mere or any other part of the R.D. It is difficult to get a place in the one Welfare Home because of a long waiting list, and once a place is obtained there is a virtual cut-off from younger members of the old person's family unless they have private motor transport. There is a great need for an old peoples residential home in a suitable centre within the R.D., such as at Mere.

THE MAIN PUBLIC HEALTH NEEDS - These remain as previously, namely:-

1. More homes, with the minimum encroachment upon agricultural land. with special emphasis on residential accommodation for the elderly, particularly a great need for a residential home situated within the Rural District.
2. Enrichment of fluoride-weak drinking water supplies, to enable teeth to grow healthy and be durable, and reduce the risk from circulatory troubles and bone fragility in old age. (This must wait for action by the Wiltshire County Council, as "Local Health Authority")
3. Less tobacco smoking. Continued effort to counteract the advertising of cigarettes.
4. Progress in sewage disposal schemes, in priority for East Knoyle (Started) Teffont, and Chilmark, Berwick St. John, The Donheads, and Kilnington.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health:	F.J.G. Lishman, M.D., (Hygiene) B.S., (London) D.P.H., (London), L.R.C.P., M.R.C.S., D.L.O., (England) L.M.C. (Canada)
Address:	Office - 26 Endless Street, Salisbury (Telephone Salisbury 5201) Residence - 'Till Orchard', Berwick St. James. (Telephone Stapleford 269)
Chief Public Health Inspector:	H. Sharratt, M.A.P.H.I.
Additional Public Health Inspector:	B. Roberts, M.A.P.H.I., (Resigned on appointment as Chief P.H.I., Martley R.D.C., in October). J. Gosnell, M.A.P.H.I. as from October.
Clerk: (Mere Office)	Mrs. T. Read (Resigned during year) Miss S. Barrett.
Clerks: (Salisbury Office)	Mrs. M. Samways Mrs. M. Hewett } part time with Surveyor Miss A. Sheppard } of Salisbury and Wilton R.D.C.

The Medical Officer of Health also holds appointments as Medical Officer of Health for the Salisbury and Wilton Rural District, and for the Borough of Wilton, and, under the arrangements made in 1954, acts as a Medical Officer for the Wiltshire County Council. (Approximately two elevenths of the salary for the Joint Appointment is allocated to the Mero and Tisbury Rural District Council and five elevenths to the Wiltshire County Council.)

GENERAL STATISTICS

Number of Parishes..	..	..	..	..	..	..	..	..	26
Area in Hectares	..	..	..	..	..	28,830	..	..	(71,319 acres)
Population, 1961 Census..	..	..	..	..	..	..	..	..	11,195
Population, Registrar General's Estimate for mid-year	..	..	..	..	..	..	..	..	11,340
Density of Population - people per hectare	..	..	..	..	..	0.39	..	..	(0.15 per acre)
Number of inhabited dwellings (houses or flats)	..	..	..	..	..	..	..	..	4,276
Number of inhabited dwellings owned by the Council at end of year	..	..	..	..	..	..	..	..	814
Number of new Council dwellings built during year	..	..	..	..	..	..	..	..	36
Number of applications for Council housing at the end of the year on waiting list	..	..	..	..	..	..	..	..	302
Rateable Value (31st March 1970)	..	..	..	..	..	..	..	..	£334,333 (As at 31.3.71)
Product of a Penny Rate..	..	..	..	..	..	..	..	..	£1,273

GENERAL ADMINISTRATION DURING THE YEAR

There was no change in the administration of the Public Health Department during this year. During the year the Government published the second version of the Green Paper on Re-organisation of the Health Services.

After the general election, and a change of Government, the previous proposals for the re-organisation of Local Government were held in abeyance, and a new White Paper concerning these appeared in February, 1971. It was expected that a new Green Paper on the Health Services reorganisation would also appear though it was not thought likely to differ much from the previous Green Paper in its proposals.

Very briefly, the second Green Paper envisaged amalgamation of the present three main divisions (Hospitals, General Medical and Dental and Public Health) into a new organisation run by the Area Health Boards, which would have only one-third Local Government representation, the other two-thirds being half nominated by the Secretary of State, with also a nominated Chairman. The areas of the Boards would be coincident with those of the White Paper Authorities but there would be some devolution by the Boards to 'District Committees'

covering sub-areas related to District General Hospitals. Few areas would have more than two such District Committees and some would have none.

Although the main object of the Green Paper, to unify the Health Services was laudable, in fact its provisions embodies a split in one of the three major sections namely the Public Health Service, for all parts of present Local Government Public Health with an entirely environmental Public Health content (Water, Sewage, Refuse, Housing etc.) also the control of communicable diseases, would stay with the new Local Authorities, (which would have no medical staff of their own, but which would have to 'borrow' from that of the Area Health Board). These instead of having Medical Officers of Health, will have doctors with similar functions, but inappropriately called 'Community Physicians'. It seems to many present Medical Officers of Health that if the control of communicable diseases is to be left with local authorities, some statutory powers should be given to the 'borrowed' Community Physicians' to equal those at present exercised by Local Medical Officers of Health. Under the Green Paper proposals the present County District Medical Officers of Health would disappear entirely.

At the time of writing this section of the report, (May, 1971) the Government had just issued a new 'Consultative' Paper, which had the same general principals as the former 'Green Papers' but proposed a two-tier structure of Regional and Area Health Boards. The former would consist of nominated members, the latter of representatives of the Local Authorities, the Medical and allied professions, and of nominees from the Regional Health Boards' own members. The 'District Committees' were discarded.

VITAL STATISTICS

In view of the likely re-organisation of Local Government in the fairly near future into fewer districts, with larger areas and populations, opportunity has now been taken to simplify some of the statistical records, particularly those for 'rates' - (e.g., Death Rates from specific causes). In areas such as this the relatively small numbers of people involved renders the calculation of 'rates' (such as death rates from particular death causes) a rather chancy business, where one death occurring on December 31st instead of January 1st, may make a significant difference in the specific death rate from a particular disease, for the year. For such 'specific' death rate calculations, for all but the most common or important causes of death, I now consider it best to wait until re-organisation of Local Government has occurred, for with fewer and bigger areas, the comparison of District 'Rates' for specific diseases or conditions between rates applicable to such conditions, from new area to new area, and from one area in comparison with the whole county, or the country (England and Wales) will become more valid.

Readers will therefore note that I have omitted some of the 'Rates' or subdivisions of rates which were recorded in my Annual Reports in previous years.

TABLE I

<u>BIRTHS, INFANT MORTALITY AND MATERNAL MORTALITY</u>							Male	Female	Total
Live Births	legitimate	..	..	..	..	..	69	70	139
	illegitimate	..	..	..	..	..	5	3	8
							74	73	147

Illegitimate Live Births per cent of Total Live Births	..	..	5
(England and Wales Rate for comparison)	..	..	8
Crude Live Birth Rate per 1,000 population	..	..	13

Comparability Factor for Births - (This 'Standardises' or compensates for age and sex distribution of the local population so that the standardised birth rate can be compared with the rate for England and Wales, and with similarly standardised birth rates in other areas) 1.19

Standardised Live Birth Rate	..	..	..	..	..	..	..	15.5
(This is 97% of the national rate)								

							Male	Female	Total
Still Births Legitimate	..	..	..	..	..	..	0	1	1
Illegitimate	..	..	..	..	..	..	0	0	0
							0	1	1
Total Live Births and Still Births	..	..	..	..	..	..	74	74	148
Still Births, rate per 1,000 Live and Still Births	..	..	..	..	..	..	..	..	7
Infant Deaths legitimate	..	..	..	..	..	..	4	2	6
Illegitimate	..	..	..	..	..	..	0	0	0
							4	2	6
Infant Mortality Rate per 1,000 Live Births Legitimate	..	..	..	..	..	..	..	..	43
Illegitimate	..	..	..	..	..	..	..	..	0
Total	..	..	..	..	..	..	..	..	43
For comparison - I.M.R., England and Wales	..	..	..	..	..	..	..	..	18
I.M.R., Wiltshire (previous year)	..	..	..	..	..	..	..	..	17
							Male	Female	Total
Neo-Natal (in first four weeks) Deaths, Legitimate							3	1	4
Illegitimate							0	0	0
							3	1	4
Neo-Natal Mortality Rate	..	..	..	..	..	..	..	..	27
Neo-Natal Mortality Rate (England and Wales)									12
							Male	Female	Total
Early Neo-Natal Deaths (in first week) Legitimate							3	1	4
Illegitimate							0	0	0
							3	1	4

Early Neo-Natal Mortality Rate	..	..	..	..	..	..	..	27
Early Neo-Natal Mortality Rate (England and Wales)	..	..	..	..	..	..	..	11
Perinatal Deaths (Still Births + Early Neo-Natal Deaths)	..	..	..	..	..	..	..
							Male Female Total	
Legitimate	..	..	..	..	..	..	..	3 2 5
Illegitimate	..	..	..	..	..	..	..	0 0 0
								<hr/> 3 2 5 <hr/>
Perinatal Mortality Rate (per 1,000 Live + Still Births)	..	..	..	..	..	..	..	34
Perinatal Mortality Rate (England and Wales)	..	..	..	..	..	..	..	23
Maternal Deaths (including Abortion)	..	..	..	..	..	..	..	0
Maternal Mortality Rate per 1,000 Live and Still Births	..	..	..	..	..	..	..	0

COMMENT

The Registrar General's estimate of mid-year population of the Rural District is lowered by 80. The population is nevertheless reasonably static. The standardised live birth rate has risen slightly from 14.4 to 15.5 per 1,000 population (standardised). The five previous years' 'standardised' birth rates were: (1965) - 17.4; (1966) - 14.7; (1967) - 15.6; (1968) - 15.6; and (1969) - 14.4. The Infant Mortality Rate is raised from 32 to 41, but the relatively small number of births and deaths in a small population makes the calculated rate subject to a big chance factor. Each single death makes a difference of 6 units in the I.M.R. Thus a death on the 31st December, instead of the 1st January, could cause a difference of 12 between the I.M.R., of one year and the next, hence big annual fluctuations can occur, especially when a lot of deaths happen to occur just before or after the end of the particular year.

One feature in these statistics is the still rather high 'perinatal' death rate. This is due to the occurrence of two still births during the year; with a P.M.R., of 34. This is higher than the National Perinatal Mortality rate of 23 per 1,000 live and still births.

TABLE II

DEATHS AND DEATH RATES

								<u>Male</u>	<u>Female</u>	<u>Total</u>
Number of Deaths	..	..	..	..	..	..	..	83	81	164
Crude Death Rate per 1,000 population	..	..	..	..	..	..	..	..	..	14.5
Comparability Factor for Deaths	..	..	..	..	..	..	..	..	..	0.81

This factor, being substantially less than unity, indicates that the age distribution of the local population is more elderly than that of the Country as a whole. Its application makes the local 'crude' rate, comparable with that of the Country, and with similarly adjusted rates from other localities.

Death Rate as standardized by Comparability Factor (This is for 1970 identical to the National Rate)	..	..	..	11.7
Death Rate for Wiltshire (previous year) - Standardised	..	..		10.7
Death Rate for England and Wales for comparison	..	..	..	11.7

COMMENT

The standardised death rate is one point lower than that of the previous year (11.8) and is identical with the national figure.

NATURAL INCREASE

Increase of Live Births over deaths for the year	..	..	..	..	MINUS 17
Rate of Natural Increase, per 1,000 of population (This is due to the above average number of deaths during the year)	..	..	..	"	13

TABLE III

Certain Specific Death Rates in Inverse 'Health Index' Value

(Rates per 1,000 population, except for maternal rate)

1.	Deaths due to Tuberculosis (all forms) both sexes	..	..	0
	Tuberculosis Death Rate	..	..	0
	Deaths due to Respiratory Tuberculosis	..	..	0
	Respiratory Tuberculosis Death Rate, Wiltshire for comparison	..	..	0
2.	Deaths from Cancer and related Malignant Diseases	..	..	34
	Specific Death Rate from Cancer (all forms)	..	..	3.0
	Previous year's Death Rate from Cancer (all forms) Wilts.	..	..	1.92
	Deaths from Lung Cancer	..	..	7
	Specific Death Rate from Lung Cancer	..	..	0.62
	Previous year's Death Rate from Lung Cancer, Wiltshire	..	..	0.46
3.	Deaths from Heart Disease and other diseases of the Circulatory System	..	..	83
	Specific Death Rate from heart disease	..	..	7.4
	Rate for Ischaemic Heart (Coronary) Disease only	..	..	3.3
4.	Maternal Deaths (due to Pregnancy, Childbirth or Abortion).			0
	Maternal Mortality Rate - per 1,000 live and still births			0
5.	Deaths from Accidents and Violence (all forms)	..	..	5
	Deaths from Accidents and Violence (Motor Vehicles)	..	..	3

COMMENT

Certain of the specific 'index' mortality rates are analysed, or broken down, in the following Table IV. On the whole, these 'inverse indices' of the state of health of the community are satisfactory. Most are on the low side except the rate for Heart Diseases, and for Cancer, which is higher than for Wiltshire, as was the case last year. There was a NIL specific death rate from Tuberculosis and a 'nil' rate from Pregnancy Childbirth and Abortion (Maternal Mortality). Both these later statistics are satisfying to record. (See also comment after Table IV).

ANALYSIS OF DEATHS BY CAUSE

The Registrar General provides for each district each year an analysis of deaths according to cause, broken down into many disease headings. These headings lend themselves to a considerable extent to 'grouping' the causes of death together in 'families' or types of disease related to each other, study of the trends in which groups may be of interest or value in regard to the particular population concerned. Advantage has therefore been taken of this opportunity to classify the Registrar General's annual table for this district into 'related' groups labelled 'A' to 'O' as set out in Table IV.

TABLE IV.

ANALYSIS OF DEATHS BY CAUSES

	Male	Female	Total	Crude rate per 1,000
<u>GROUP A - Certain Communicable Diseases</u>				
1. Cholera				
2. Typhoid fever				
3. Bacilliary dysentery and amoebiasis				
4. Enteritis and other diarrhoeal diseases				
5. Tuberculosis of respiratory system				
5(a) Later effects of tuberculosis of respiratory system				
6. Other tuberculosis, including late effects				
7. Plague				
8. Diphtheria				
9. Whooping Cough				
10. Streptococcal sore throat and scarlet fever				
11. Meningococcal infection				
12. Acute poliomyelitis				
13. Smallpox				
14. Measles				
15. Typhus and other rickettsioses				
16. Malaria				
17. Syphilis and its sequelae				
18. All other infective and parasitic diseases				
TOTAL GROUP A	0	0	0	0

GROUP B - Cancer and related malignant diseases and benign neoplasms

19. Malignant neoplasm - stomach	2	2	4
20. Malignant neoplasm - buccal cavity and pharynx	-	1	1
21. Malignant neoplasm - oesophagus	-	-	-
22. Malignant neoplasm - intestine	3	3	6
23. Malignant neoplasm - prostate	2	-	2

(contd.)	Male	Female	Crude rate	
			Total	per 1000
24. Malignant neoplasm - larynx	-	-	-	
25. Malignant neoplasm - lung, bronchus	6	1	7	
26. Malignant neoplasm - breast	-	2	2	
27. Malignant neoplasm - uterus	-	-	-	
28. Leukaemia	-	2	2	
29. Other malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissue	3	7	10	
30. Benign neoplasms and neoplasms of unspecified nature.	-	-	-	
TOTAL GROUP B	16	18	34	3.0

GROUP C - Endocrine and metabolic and blood disorders

31. Diabetes mellitus				
32. Avitaminoses and other nutritional deficiency	2	3	5	
33. Other endocrine and metabolic and nutritional diseases	-	1	1	
34. Anaemias	2	-	2	
35. Other diseases of blood and blood forming organs	-	-	-	
TOTAL GROUP C	4	4	8	0.7

GROUP D - Mental disorders

36. Mental Disorders (all sorts)	0	0	0	0
----------------------------------	---	---	---	---

GROUP E - Nervous System

37. Meningitis	-	-	-	
38. Multiple Sclerosis	-	1	1	
39. Other diseases of nervous system and sense organs	-	-	-	
TOTAL GROUP E	-	1	1	0.1

GROUP F - Circulatory System

40. Active rheumatic fever	-	-	-	
41. Chronic rheumatic heart disease	-	-	-	
42. Hypertensive disease	3	1	4	
43. Ischaemic heart disease	26	13	39	3.3
44. Other forms of heart disease	2	9	11	
45. Cerebrovascular disease (including 'strokes')	11	9	20	1.8
46. Other diseases of the circulatory system	5	4	9	
TOTAL GROUP F	47	36	83	7.4

GROUP G - Respiratory System.

47. Influenza	-	1	1	
48. Pneumonia	5	5	10	
49. Bronchitis, emphysema	1	4	5	
50. Asthma	-	1	1	
51. Other diseases of the respiratory system	-	2	2	
TOTAL GROUP G	6	13	19	1.7

	Male	Female	Total	Crude Rate per 1000
<u>GROUP H - Alimentary System</u>				
52. Peptic Ulcer	1	1	2	
53. Appendicitis	-	-	-	
54. Intestinal obstruction and hernia	-	-	-	
55. Cirrhosis of liver	-	-	-	
56. Enteritis and diarrhoeal diseases other than those in Group A	-	-	-	
57. Other diseases of the digestive system	-	-	-	
TOTAL GROUP H	1	1	2	0.2
<u>GROUP I - Genital and Urinary Systems</u>				
58. Nephritis and nephrosis	-	-	-	
59. Hyperplasia of prostate	2	-	2	
60. Other diseases of the genito-urinary system	1	1	2	
61. Abortion	-	-	-	
62. Other complications of pregnancy, childbirth and puerperium	-	-	-	
TOTAL GROUP I	3	1	4	0.4
<u>GROUP J - Skin.</u>				
63. Diseases of the skin and subcutaneous tissue	-	-	-	
<u>GROUP K - Muscles and bones (other than accidents).</u>				
64. Diseases of the musculoskeletal system and connective tissue	-	1	1	0.1
<u>GROUP L - Congenital defects or injuries</u>				
65. Congenital anomalies	-	-	-	
66. Birth injury, difficult labour, and other anoxic and hypoxic conditions	-	1	1	
67. Other causes of perinatal mortality	3	-	3	
TOTAL GROUP L	3	1	4	0.4
<u>GROUP M - 'Ill defined' conditions</u>				
68. Symptoms and ill-defined conditions	-	1	1	0.1
<u>GROUP N - Accidents</u>				
69. Motor vehicle accidents	2	1	3	
70. All other accidents	1	1	2	
71. Suicide and self-inflicted injuries	-	-	-	
TOTAL GROUP N	3	2	5	0.45

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Crude Rate</u> <u>per 1000</u>
<u>GROUP 0 - Other</u>				
72. All other external causes	-	-	-	
GRAND TOTAL - ALL CAUSES	83	81	164	14.5

COMMENT ON TABLE IV

Deaths from diseases of the Heart and Circulatory System, as usual the most common cause of death in this district, have remained the same as last year, at 7.4 per 1,000 and amount to just under half of the total number of deaths, and remain the greatest fatal endemic diseases affecting the district. Excepting No. 45 (strokes) which is liable to cause patients and their relatives great discomfort, anxiety and, for the relatives, sometimes unbearable strain, this group is probably the most satisfactory one to belong to in the Registrar's case book of deaths. However, in the case of item 43 (Ischaemic heart disease) this does often involve a sudden and fearful blow to a family where the breadwinner is taken away during probably the most lucrative and responsible period of life.

There were no deaths from Lung Tuberculosis nor from its late effects on the lungs, but I am sorry to report that the lung cancer death rate has risen from 0.5 to 0.62 per 1,000. The 'nil' Maternal Death Rate has already been noted. The deaths from accidents and violence have dropped from seven to five cases and included three motor vehicle accidents. This year there were no suicides reported.

Heart Disease

This high mortality from heart disease, is and is likely to remain for many years, a challenge to the public health departments. It is now believed that this can be reduced, or at least postponed to a later date by the following precautions:-

- (i) Certainly, by reduction of weight, especially in the already obese.
- (ii) Less certainly, but probably, by reduction of the amount of sugar, and animal fat, in the diet, (butter, cream, meat fat, bacon fat, etc.). Fish oil and certain vegetable fats (e.g. linseed and maize oils) are believed to be less harmful, and indeed to some extent displace, or counteract the effect of meat and milk fat, in the diet. It is thus safer to fry foods in 'corn oil' than in butter, lard or meat 'dripping'.
- (iii) Regular moderate exercise - 'Walk instead of drive' - where practicable. Unfortunately the need of many business and professional people, and of housewife's shopping to take with their heavy equipment or goods makes this increasingly impracticable during work time, so exercise should be taken in leisure time.
- (iv) Giving up the smoking of tobacco, or reducing it to a minimum of pipes or of cigars, but no cigarettes.

To publicise these measures, together with the special dangers of cigarette smoking in regard to two other dangerous diseases, lung cancer and bronchitis, is now a major duty of the public health departments.

TOBACCO SMOKING
Lung Cancer and Other Effects.

Evidence still continues to accumulate about the harmful effects of smoking tobacco, especially in the form of cigarettes. But in addition to causing cancer of the breathing organs, the effect on these organs of chronic inflammation - bronchitis - is becoming more and more evident. Effects in the heart and larger blood vessels are also well known. It is a mystery how adult people can ignore the advice of doctors in the face of the overwhelming evidence, linking the childish habit of cigarette smoking with dangerous and socially destructive diseases. It is now believed that nicotine is the element in tobacco smoke that generates the 'dependence' habit and weakens the heart, and that the tarry elements irritate the fine lung tissue and tubes, causing bronchitis and cancer.

COMMUNICABLE DISEASES

The measure of the extent to which people are immunised against communicable diseases in a district has become one of the 'indices' of the health of the community. 'Artificial' immunisation against certain diseases amenable to prevention, or attenuation, is now available for a number of communicable diseases, which number increases every few years and it is not beyond the bounds of possibility that this may eventually include cancer.

As long as these methods of protection against specific communicable diseases is not allowed to obscure the wider general measures for the promotion of health - housing, good nutrition, education, interesting occupation and creative use of leisure time, its gradual development and multiplication is all to the good. The longest established and so far most proven successful and lasting artificial immunisations, are those against smallpox and diphtheria. In more recent years protection against whooping cough, tetanus, measles and against poliomyelitis have been accepted as normal practice and very recently, protection against rubella (german measles) but in this country, in contrast to the U.S.A., and Canada, rubella immunisation is so far only being done for adolescent girls. Really to protect the pregnant mother against bearing a deformed child, boys should also be immunised.

For Wiltshire, the Wiltshire County Council as Local Health Authority under the National Health Service, operates in this district a scheme for protection against these 7 diseases. Smallpox immunisations are done by the 'Family Doctors' under the National Health Service for the County Council. These are now done at a later age, 15 - 18 months old, instead of the first six months of infancy. The other immunisations are performed either by the 'Family Doctor' or by the County Council's Medical Officers at Child Health Clinics or especially held immunisation clinics, usually arranged at Central Clinics or at schools. In this area, all the immunisations (except for oral poliomyelitis) are still carried out by doctors, the practice of employing public health nurses (health visitors or especially experienced nurses) in this work not yet having been adopted for injections.

Anthrax immunisations are available for certain people at special risk. This applies only to the Mere Brush Factory in this rural district, and the County Council arranged for me to begin the immunisation of a small number of brush factory workers who handle imported material that could possibly harbour anthrax germs. This immunisation will be reinforced annually hereafter. Materials, however, go through a cleansing process before arriving at Mere, so risk is very minimal.

Again this year, I am omitting the tables of immunisation statistics which the County Medical Officer of Health, Dr. C. D. L. Lycett, has regularly provided, broken down for each district separately. These tables are not received until after the drafting of this Annual Report which is now rendered possible earlier in the year because the Registrar General sends me the annual statistical returns for the District in the late spring, instead of early summer, a welcome innovation due to the introduction of computers. This enables me to start drafting the Annual Reports for my three districts two months earlier than in the past. The immunisation figures will, of course, later be available in Dr. Lycett's own Annual Report of the County Medical Officer of Health, which usually, being more complex, appears a little later in the year.

Incidence of Communicable Diseases

The communicable diseases for which statistics are available comprise only those diseases which are compulsorily 'notifiable' under the Health Services and Public Health Act, 1968, and the Public Health Infectious Diseases Regulations act, 1968. A proportion of these notifiable diseases does not get notified because notification is normally not made unless a doctor attends, and he makes the notification to the Medical Officer of Health.

Certain common communicable diseases, such as influenza, rubella and mumps, and also brucellosis and venereal diseases, because they are not generally 'notifiable' cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included for some minor cases may never have a doctor called to them and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of whooping cough, for example, may occur but not be notified.

The notifiable communicable diseases actually notified during the year are set out in Table VI.

The year again was remarkable for an extremely low incidence of all kinds of notifiable disease, even measles.

Tuberculosis

This year there were no new notified cases of tuberculosis. At the time of writing this report there was a total of 45 cases of tuberculosis in my register for the Rural District. 36 of these were respiratory and 6 non-respiratory. This is the same as last year.

Epidemiology - General

As a cause of epidemic disease, heart, cancerous and respiratory diseases have replaced the old idea of 'infectious disease' as prime epidemiological agents. Public Health workers are now trying to tackle this trio of killers with (it is hoped) the same energy as they used to tackle the now weakening group of 'communicable diseases'.

The efforts to persuade people to reduce tobacco smoking as a step in the prevention of bronchitis, heart disease and lung cancer and the cervical cytology clinics for the prevention of cancer of the breast and the neck of the womb, are examples of modern epidemiology in the public health service.

So are the efforts to avoid obesity, (especially if caused by excessive eating of sugar and animal fat), plus the taking of regular moderate exercise still after middle age, as measures to reduce heart and circulatory diseases. However the development of new types of 'infectious diseases' especially the very numerous different 'virus' diseases which are not yet notifiable now present a new problem, so are strains of bacteria causing the older diseases which have become resistant to overworked forms of antibiotic or other treatment by drugs. In this connection the massive feeding of antibiotics to farm animals subsequently to be used for human food is possibly dangerous, by tending to produce directly or indirectly, resistant strains of bacteria and also, perhaps, human allergies.

TABLE VI

NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

						<u>Sub div'ns of</u> <u>main diseases</u>	<u>Main</u> <u>Disease</u>	<u>Group</u> <u>Total</u>
1.	<u>Tuberculosis</u>							
(a)	Respiratory					3	-	-
(b)	Mininges and Nervous System					-	-	-
(c)	Other forms					2	-	-
(d)	Group Total					5	-	-
2.	<u>Other Respiratory Notifiable Diseases</u>							
(a)	Whooping Cough					-	-	-
(b)	Pneumonia Acute					-	-	-
(c)	Group Total.. .. .					-	-	-
3.	<u>Diphtheria</u>					-	-	-
4.	<u>Meningococcal Infection</u>					-	-	-
5.	<u>Virus Diseases of Nervous System</u>							
(a)	Polionyelitis - paralytic					-	-	-
(b)	Polionyelitis - non-paralytic					-	-	-
	Total.. .. .					-	-	-
(c)	Encephalitis - Infective					-	-	-
(d)	Encephalitis - Post Infective					-	-	-
	Total.. .. .					-	-	-
(e)	Group Total.. .. .					-	-	-
6.	<u>Other Notifiable Virus Diseases</u>							
(a)	Measles (excluding rubella)					44	44	0
(b)	Smallpox					-	-	-
(c)	Infective Hepatitis					4	4	-
(d)	Group Total.. .. .					48	48	-

						<u>Sub div'ns of</u> <u>main diseases</u>	<u>Main</u> <u>Disease</u>	<u>Group</u> <u>Total</u>
7.	<u>Alimentary Infection or Poisons</u>							
(a)	Dysentery - Bacterial..	..	..	..	..	7	-	-
(b)	Dysentery - Other ..	..	..	..	..	-	-	-
(c)	Total Dysentery ..	..	..	..	..	-	7	-
(d)	Typhoid Fever ..	..	..	..	..	-	-	-
(e)	Paratyphoid fever ..	..	..	..	..	-	-	-
(f)	Food Poisoning (Suspected or Actual) ..					2	2	-
(g)	Group Total ..	..	..	..	..	9	9	9
8.	<u>Streptococcal Group</u>							
(a)	Scarlet Fever ..	..	..	..	..	-	-	-
(b)	Other ..	..	..	..	..	-	-	-
(c)	Group Total ..	..	..	..	..	-	-	-
9.	<u>Miscellaneous Group</u>							
(a)	Ophthalmia Neonatorum ..	..	..	..	..	-	-	-
(b)	Other notifiable diseases ..	..	..	..	..	-	-	-
(c)	Group Total ..	..	..	..	..	-	-	-
10.	All 'Notifiable Diseases' Total..	..	..	..	..	..	..	62

COMMENT

This year the normally expected biennial wave of measles occurred, although last year was also a peak year. Otherwise the statistics for notified communicable diseases are notable because of four cases of infectious hepatitis (Jaundice). The seven cases of dysentery were of the Sonne type, which though mild, is a squalid and tedious nuisance, and may hang around as a carrier state after recovery from symptoms.

Tuberculosis - At the end of the year a total of 42 cases of tuberculosis (36 - lung, 6 other) remained on my register.

TABLE VI(a)

ANALYSIS OF FOOD POISONING FOR YEAR 1970

Section 1 - Food Poisoning - Incidents and cases

Cause Unknown: One family outbreak, of two cases.

Details of Food Poisoning due to Salmonellae other than S. Typhimurium - NIL

Section 2 - Salmonella Infections (Not food borne) Incidents and cases

NIL

Details of Salmonella Infections due to Salmonellae other than S. Typhimurium

NIL

Section 3 - Deaths associated with Food Poisoning

NIL

GENERAL INFORMATION on food poisoning

The two cases of suspected food poisoning which were notified were in the same family. However no demonstrable evidence, bacteriological or otherwise that these were genuine cases of food poisoning, was found after the usual thorough investigation.

PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital service of the National Health Service, the other personal Health Services for the rural District are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, Chiroprody Service, the Child Health Clinics and the School Health Service, with its specialised auxiliary services, such as Speech Therapy, and Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the 'Care and After-Care' service, which is largely concerned with tuberculous people, their families and other contacts, and with 'Chronic Sick' and aged people outside hospitals.

The Health Service and Public Health Act, 1968, and the Chronically Sick and Handicapped Persons Act, 1970, extend these services, and among other things make the previously permissive (but operated in Wiltshire) Home Help Service mandatory, and a 'daily laundry service' for the incontinent permissive. The coming into operation of the Local Authorities (Social Services) Act, 1970, also introduces a complicating factor into Health Services administration for certain important parts of the County Health Services are to be transferred to the new Social Services Department. These include the Home Help Service and the Mental Welfare Officers, but by the end of the year and indeed at the time of writing this report, (July 1971) this change had not been put in to practice, as the new County Social Services Department was still in the process of being organised, a tremendous operation, on the lines of the recommendations of the Seebohm Committee's Report.

Cancer Prevention

The County Council continues its anti-smoking health education campaign on lung cancer.

Breast, Uterine and Cervical Cytology Clinics:

This service is now provided in various parts of Wiltshire by the County Council. At the end of the year the nearest of these clinics were at Salisbury and Warminster. Arrangements are also made for Wiltshire women from the Mere

area to attend the Dorset County Council Clinic at Gillingham if this is more convenient to them. This is a valuable service and I hope that as many women aged 25 - 55 as possible will avail themselves of it. Details of tests carried out will be found in the Annual Report of the County Medical Officer of Health.

Family Planning

Clinics run by the Family Planning Association, but supported partly by the Wiltshire County Council, by providing premises, equipment and staff, are now operating twice a week at the Central Health Clinic, Salisbury, and others are available at Warminster, Bath and Devizes.

Handicapped Children

The School Health care and special education needs of handicapped children also comes under the Wiltshire School Health Service.

School Premises

The hygiene of school premises, as of most other buildings, concerns the local Public Health Authority as well as the Education Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer. A number of recommendations for improvements in school premises, fittings and sanitary arrangements for improving hygienic conditions were made during the year, special attention being paid to the dish and utensil washing facilities in the service for school meals and the quality and quantity of hand washing equipment in proximity to voiding accommodation. The Rural District Council is fortunate in having two excellent and modern secondary schools within its area, the Dunworth at Tisbury and the Duchy Manor at Mere. Each of these now has an excellent open air swimming pool. I am glad that these may now be used also by primary school children in the near neighbourhood, where the primary schools have no pool of their own. At Tisbury adult members of the Tisbury Swimming Club also use the pool in the evening.

Pre-School Playgroups

To meet the need for companionship, play-activity and fundamental education, pre-school playgroups are being established in many parts of the country, some by Local Authorities (when they are sometimes called nurseries or nursery schools, if they have five or more children over the age of five years), or by private individuals. There were, at the end of the year, privately run pre-school playgroups operating in the Rural District as follows:-

1. Ludwell - Coronation Hall - Mrs. E. Tucker.
2. Mere - The Old Rectory, Mrs. Longbourne
3. Mere - Originally at Youth Club, now moved to British Legion Hall
4. Teffont Magna - Hill Meadow, Mrs. Long-fox. /Mrs. M.A. Fricker.
5. Tisbury - Congregational Hall, Mrs. B. Oliver
6. Tollard Royal - (Sandroyd School Grounds)

The County Health Department have arranged for me to inspect these, and any proposed new playgroups, within the Rural District.

Handicapped Children and Adults

The social care of handicapped adults, including the blind and deaf

and of old people, comes under the County Council services. But the Local Authority, has obligation in regard to their housing, under the Chronic Sick and Handicapped Persons Act, 1970, and has certain powers, under Section 47 of the National Assistance Act, 1948, for enforcing institutional care if necessary. The Local Authority has also delegated some of its power as permitted by the National Assistance (Amendment) Act, 1951, to the Medical Officer of Health, to act on his own authority in emergency, to obtain a Justice Order, for a period of up to three weeks detention, in hospital, or a Welfare Home. The Medical Officer of Health saw a few old people to a greater or lesser extent needing care and attention. In this particular Rural District however, only one elderly lady with dementia and incontinence had to be removed under such an order to hospital where she subsequently settled down happily. In all other cases removal to an institution or hospital was either unnecessary or was arranged for voluntarily, either by the person applying to the County Council Welfare Department, or the family doctor making arrangements for admission to hospital.

ENVIRONMENTAL PUBLIC HEALTH AND FOOD

This is still probably the most important of the various factors which influence public health.

As stated in previous Annual Reports and annually repeated because of its basic importance, human health is still greatly influenced by the environment (including housing) and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such influences as housing a water supply containing the necessary mineral impurities for promoting health but free from harmful bacteria, safe (and preferably not wasteful) disposal of body wastes, refuse collection and disposal, control of flies, mosquitoes and other insects, rodents and other vermin, quality, quantity and freedom from adulteration or infection of food supplies including especially universal and basic foods as bread, milk, meat etc. Food hygiene concerns not only the home, but also places where food or drink are prepared or consumed including schools, and other eating rooms, public restaurants, hotels, and public houses. Avoidance of certain adverse habits such as excessive tobacco smoking or excessive regular alcohol drinking, is also important. In his annual report for 1969, the County Medical Officer of Health, Dr. C. D. Lycett draws special attention to the importance played by basic Preventative Health Services which have come to be taken for granted, such as the Sanitary Services at present provided mainly by District Councils. The progress in its rural sewerage schemes is particularly mentioned.

Housing

This is probably the most important, among man-controlled ones, of the various factors influencing health mentioned above. Bad housing, (or worse no housing accommodation) overcrowding, living with 'in-laws', living adjacent to noisy neighbours, are monotonously found to be at the back of many peoples worries, domestic or occupational, much of which could be alleviated with corresponding improvement to mind and body if more people's housing problems could be solved. The full extent of the housing problems cannot be measured only by size of the Local Authority's waiting list of applicants for Council Houses or apartments ('flats') though these waiting lists are large. Some people are probably living in unsuitable accommodation who have not applied for council housing. At the end of the year there were 302 actual applications for housing by the council on the waiting list, a decrease of one compared with the end of the previous year.

There is no (public authority) residential home for the elderly or seriously handicapped less elderly people within the Rural District. The nearest is the Wiltshire County Council Residential Home 'Woodside', at Warminster, or for the sick, Samborne Hospital, Warminster. There is no regular public transport service from Warminster to the Mere and Tisbury rural district, particularly to Mere, which although only eight miles away is cut off by high ranges and without a bus service over them. A visit to the County Council's new Residential Home at South Fields, Devizes shows how excellent such provision for the elderly who cannot live in their own homes, can be. By the time this report was completed, in September, 1971, the Council were proposing to buy an excellent and spacious site in central Mere, and hope that the County Council will take it over to build a Residential Home for the old.

Housing Statistics

A copy of the annual return which I am required to make to the County Medical Officer of Health of Wiltshire will be found in the report of the Chief Public Health Inspector.

The number of dwellings in this Rural District at the end of the year was 4,276. Accommodation owned by the Council consisted of flats, bungalows and other dwellings, totalling 814, an increase of 34 over the end of the previous year. This increase included the two excellent groups of bungalows with warden's accommodation and communal amenities, Lynch Close at Mere, and at Nadder Close, Tisbury.

Improvement Grants

'Discretionary' Grants were continued during the year. The smaller 'Standard' Grants were of course continued also. Discretionary Improvement Grants in respect of nineteen dwellings were approved during the year. A further twenty-one Standard Grants were made, under the House Purchase and Housing Act, 1959. These Standard Grants were largely concerned with provision of baths, water closets and kitchen facilities, and are mandatory on the Council, if the conditions are suitable. A substantial increase may be expected, as more public sewage schemes are developed. The amount of work falling on the staff of the Public Health Inspectors in connection with these Improvement Grants is heavy, but their value is great.

Retired People

The venture begun some years ago by the Mutual Households Association with Grant and Loan from the Council under which the Country mansion of Pyt House has been adapted for the housing, in about thirty different apartments of 'Retired' people, still continues. There is a good community spirit and under one paid Garden Supervisor most of the care of the exterior grounds is undertaken by the residents themselves. The cost of residence there is, however now quite a deterrent, involving a lifelong lump sum loan contribution as well as a weekly boarding charge.

Food Storage and Refrigerators

Modern eating and purchasing habits have become conditioned to ability to store food really cold. This is especially true in the country where the housewife may buy a whole week's provisions at only one day's shopping visit to the nearest place with shops.

Tenants of Council Houses of this Authority are very fortunate in being able to rent a refrigerator from the Council at a very modest weekly rate. This facility is well used and appreciated. At the end of the year, 260 refrigerators were out on hire from the Council.

Slum Clearance

This continues, but the worst cases have been dealt with and no dwellings were demolished under Orders during the year.

WATER SUPPLIES

In 1960, the Council's Comprehensive Water Supply Scheme became incorporated in the Regional Water Supply Undertaking of the West Wilts. Water Board, the headquarters of which are at Warminster. I have been impressed by the importance attached by the Board's staff to frequent bacteriological analysis of water supplies in this Rural District and the infrequency of anything other than a fully satisfactory bacteriological result. However, chemical analyses have been only occasional and I would welcome seeing more frequent reports on residual chlorine levels at distant peripheral points in the distribution system.

Some further checks by chemical and bacteriological sampling and analyses of the West Wilts. Water Board's waters are still carried out by the staff of the Council, as Public Health Authority and the Public Health Laboratory at Odstock Hospital. Details of these, together with analyses of waters in the remaining private supplies, are set out in the report of the Chief Public Health Inspector.

Out of the inhabited dwellings 2522 out of 4276 had at the end of the year, a piped public supply to the house itself. A substantial further number have water from private or farm piped supplies. The picture, parish by parish, is set out in the report of the Chief Public Health Inspector. The position is steadily improving. Only seven dwellings (apart from mobile ones) have to resort to standpipes for water supply and these are now being replaced by a new apartment building ('flats') which will have water in piped.

Fluoride

In the annual circular received from the Ministry of Health referring to preparation of the Annual Reports of Medical Officers of Health, information is especially requested about fluoride content of drinking water supplies. This information has been, in fact, included in my annual report for many years.

Chemical analyses of the water from the Burton Field, Mere source, while otherwise good, has shown that the fluoride content of the water is too low - varying from 0.08 - 0.15 parts per million, averaging 0.1 parts per million, which is only one tenth of the desirable one part per million needed for promoting the growth of strong, decay-resisting teeth in the formative phases. The fluoride content of the Maiden Bradley source is much the same as that of the Burton Field source. Details are as follows:-

Mere, Burton Field Source	..	..	..	..	..	Less than 0.1
Maiden Bradley, Dunkerton Springs	..	..	..	..	..	0.1
Donhead Source	..	..	..	..	..	0.1

Sedgehill	..	..	..	..	..	..	0.1	(1969)
Stourton	..	..	..	..	..	..	0.15	(1969)
(National Trust)								
Fonthill Estate Supply	..	..	..	..	..	..	0.1	(1969)

These fluoride analyses had not significantly varied for many years, I see little point in continuing them until the Local Health Authority, the Wiltshire County Council sanctions the repeated requests by the Mere and Tisbury R.D.C., and by the other Local Authorities in South and West Wiltshire to permit the adjustment of the fluoride levels to the optimum amount of one part per million. The Mere and Tisbury R.D.C. were one of the first Local Authorities in Wiltshire to request Fluoridation of water supplies, passing their first resolution in favour of this important health measure as long ago as 1964.

Details of other chemical analyses of various waters are given in the tables set out in the report of the Chief Public Health Inspector. Fortification of the sources with extra fluoride salts to bring it up to the desirable quality for dental and other health purposes, could be a simple matter at a cost of about 5p to 8p per head per annum, and the Department of Health is actively encouraging water authorities to supplement natural fluoride content of drinking waters, when insufficient. So far neither the Wiltshire, the Dorset, nor the Somerset County Councils, as 'L.H.A.'s' have given this approval to water fluoridation lagging behind the Midlands and Northern Local Health Authorities in the country. Thus a wise 'Local Sanitary Authority' or water undertaking may be prevented from carrying out its wishes by the hesitations of a 'Local Health Authority'. The cost of fluoridation is only a fraction of that annually needed for dental treatment and within a few years the cost of all capital expenditure would have been recovered, by saving some of the cost of dental treatment under the National Health and School Health Services, once the existing backlog of treatment has been overtaken.

I consider that with the possible exception of complete cessation of of tobacco smoking there is no public health measure which would do more to improve dental and general health so quickly and so cheaply, as enriching fluoride weak water. The benefits which will affect babies and young children will persist through life, and there is now also some evidence that old people who have been used to drinking water with a good fluoride content will not suffer so much from bones weakened by osteoporosis and liable to fracture, and that their great arteries and coronary vessels may be rendered less liable to the condition of 'atherosclerosis', which is responsible for their deterioration after middle age.

DRAINAGE AND SEWAGE

Among the public sewerage systems maintained by the Council those at Hindon, Maiden Bradley, Mere, Tisbury and Zeals were working well. The Council have prepared a priority list for providing sewage disposal works and sewers for these parishes in the rural district. The top priorities are East Knoyle, the scheme for which has been started, Chilmark, with Teffont, Ludwell, Donhead St. Mary and Berwick St. John. The Council's Consulting Engineers, Messrs. T. Ward Whitfield & Son of Trowbridge are now preparing the scheme for Chilmark with Teffont, to incorporate also the sewage from the Chilmark R.A.F. depot, which presently has its own small treatment plant.

Drainage into streams

The complaints of occasional pollution by house drainage (mainly sullage water) of small streams, have again been less evident this year. The little streams in the villages of Chilmark, Teffont and Berwick St. John are those mainly concerned with this occasionally recurrent nuisance and will probably go on occurring until the sewage schemes for these parishes are completed.

Septic Tank Cleansing and Cesspit Emptying

Since 1965 the Council have provided a regular evacuating service for places within the rural district not served by a sewer. The scheme has proved most beneficial. Details will be found in the report of the Chief Public Health Inspector. The evacuating vehicle was regularly hired for use by the neighbouring Warminster and Westbury Rural District Council, but is now kept within its own Rural District because if it goes outside it generates an exorbitant tax.

REFUSE COLLECTION AND DISPOSAL

Arrangements for collection and disposal places are described in the Chief Public Health Inspector's section of this report.

A substantial income from salvage refuse is obtained. Details of income from this source are also given in the report of the Chief Public Health Inspector.

ROADSIDE FILTH

Years ago in my Annual Reports I hoped that some action would soon be taken by the County Council, as Highways Authority, about fouling of the countryside close to main roads. Particularly serious is the pollution near the lay-bys in the A.303 road east of Chicklade on Wylde Down. Flies can carry infection from the deposits of faeces onto blackberries and other foods.

Since 1966, however, a beginning in dealing with the problem was made by the Wiltshire County Council, providing a mobile male and female toilet van on the A.303 lay-by near Willoughby Hedge, and subsequently another such van was set up just east of Zeals, also on the A.303. The R.D.C. staff maintain these vans in a high standard of cleanliness. The van at Willoughby Hedge is really too far west to affect the major haunt of the polluters, which is a ridge between Chicklade and Wylde.

FOOD HYGIENE

Watercress

During the year continued efforts were made to lessen the likelihood of contamination of this excellent food in the growing beds, with further protection by the owners providing hypochlorinating washes for the cress, before dispatch to market. However some of the samples of cress analysed even though thoroughly washed in hypochlorinated water, were not satisfactory while samples of the water feeding the beds were sometimes dubious or poor on analysis. Figures are given in the report of the Chief Public Health Inspector.

Milk

The work of inspecting retail premises and sampling and analysing the milk is still done by the Rural District Council for Wiltshire County Council on an agency basis, charging the Wiltshire County Council 77½p., a sample. Milk supplies have been generally quite satisfactory during the year. Sampling of milks for analyses by four methods were continued.

The methods are: (1) 'Methylene Blue Test', for general cleanness and keeping quality, for which there were no 'failures' among samples analysed, but out of 171 samples taken, 17 became void due to the atmosphere

temperature becoming too high for a fair result, leaving 154 satisfactory results.

- (2) 'Phosphatase Test', for adequacy of heat treatment of 'Pasteurised' milk, for which there were no failures among samples analysed.
- (3) 'Turbidity Test' for 'sterilised' milk.
- (4) 'Biological Test', which consists either of inoculation of a guinea pig, and its subsequent examination after a five or six week's interval for signs of either tuberculosis or brucellosis, or substitution of the guinea pig by a culture method which takes two weeks. However no samples of raw milk were taken during the year so no biological tests were done.

All the analyses on these milks were carried out at the Public Health Laboratory which is contained within the grounds of Odstock Hospital near Salisbury.

Ice-Cream etc.

Comments concerning this and other foods, and maintenance of the 'clean food campaign' will be found in the report of the Chief Public Health Inspector.

CLEAN AIR

The Clean Air Act contains provisions to enable local (Air) Authorities to improve the quality of the air within their districts. Fortunately the Mere and Tisbury Rural District has virtually no problem concerning its air, but the provisions of the Act, and any byelaws made by the Council under the Act, will enable the Council to prevent future pollution. Periodical observations of the type and amount of smoke from the few factory chimneys are made, and no action has been necessary in the rural district during the year.

The complaints of odours from the dog food factory at Tisbury which used to be frequent have been reduced, with good co-operation from the factory owners who (in 1966) installed entirely new cooking equipment with deodorisation of the tripy gasses (which comprise the worst of the odours) in a chlorinating spray cylinder. The unpleasant smelling ingredients such as tripe are stored in a large refrigerated chamber where they freeze rock hard and are rendered virtually odourless until ready for processing into the dog food.

MEAT INSPECTION

The work done during the year is set out in the report of the Chief Public Health Inspector.

CARAVANS - CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT 1960

A note on this Act is included in the report of the Chief Public Health Inspector.

GYPSIES

Reference should be made to the sections dealing with these in the Report of the Chief Public Health Inspector. During the year the problems

of gypsies who have no proper camping ground within the district continued and sometimes increased, as gypsies are displaced by other Local Authorities. No progress has been made in the way of providing one or more sites, with facilities for a water supply and excrement disposal, and within reasonable access to schools for the children within the R.D.C., but the Wiltshire County Council propose to establish two sites in the south of the county, the first of which, to be operated by the Salisbury and Wilton R.D.C., as agent for the Wiltshire County Council had been started to be prepared by the time this report was completed. This site is at Lode Hill, between Downton and Redlynch.

Under powers described in various Ministry of Housing and Local Government or Health Circulars, such as Ministry of Housing and Local Government No. 26/66, either County Councils or District Councils have power to provide such permanent sites. Because of the shifting situation, temporarily and geographically, of gypsies between adjacent County districts, the County Councils are generally the more appropriate Authorities to provide this much needed service.

SWIMMING FACILITIES

Although there are lakes within the district, the rivers are too small or unsafe to provide very satisfactory swimming, especially for learning to swim. A covered public pool is available outside the district, at Frone, and open one at Gillingham school. There are others at Salisbury and Shaftesbury. There are good pools at Dunworth Secondary Modern school, Tisbury, Duchy Manor Secondary Modern School, Mere and at two private schools for girls, St. Mary's Convent, Donhead St. Mary, and Cranborne Chase School, Wardour. The primary schools at East Knoyle, Ludwell and Semley have small but useful 'learners' swimming pools. There is also a private open air swimming pool at the Pyt House Country Club, open to members and their guests only. There are no other good places for teaching swimming within the rural districts. At each of the swimming pools the water is checked daily for chlorine content by school staff and the effectiveness of the 'Break Point' chlorination is also checked about once a week by one of the Public Health Inspectors.

Artificial Respiration and Resuscitation of the Drowned.

The mouth to nose method is now taught to school children by selected teachers, who are occasionally given 'refresher' demonstrations by me or one of the other School Medical Officers.

ROAD SAFETY

I am glad to refer to the value of the Road Safety Committee which the Council set up in 1968, whose main task is to promote the teaching of children to ride bicycles, and later motor cycles, in a thoughtful and safe manner. Your Chief Public Health Inspector, Mr. Sharratt has done superb work in organising the functions of this Committee and acting as its Secretary. During the year the Road Safety Committee also brought Home Safety within its ambit.

RECREATIONAL FACILITIES

Apart from the swimming facilities mentioned in paragraph 11 above, the countryside of the Rural District provides wonderful facilities for recreation. So does the superb National Trust asset of Stourhead Park. For games, apart from school premises. Mere and Tisbury, villages, both

have quite good recreation grounds, on the borders of the villages. Chilmark has a pleasant 'Childrens Playing Field' gifted by a local man for the benefit of the children of Chilmark.

SUMMER CAMP

Each year 'Camp Mohawk' reopens for the summer and autumn months in Fonthill Abbey Park, receiving batches of hundreds of U.S.A. forces adolescents who stay from one to two weeks for the typical American 'summer camp' holiday. This is well organised and admirable venture with splendid sanitary and food hygiene facilities and a wonderful sylvan and aquatic recreation.

PUBLIC CONVENIENCES

The Rural District possesses two of the most attractive and hygienic of any public conveniences. These are at Mere, and at Tisbury in the Council's public car parks. Each has male and female automatic press button hand washing machines supplying hot water, liquid soap and drying of hands by hot air blower. The public convenience at Tisbury is only newly opened and with this provision the little partly screened public convenience in Tisbury High Street, has vanished.

Reference has already been made to Roadside Public Conveniences.

FARM EFFLUENT

There has been no further complaint to me during the year about the considerable nuisance which occurred on several occasions in previous years due to the spraying into the air of effluent from the manure tanks of intensive 'Factory Farms'. This spray forms aerosols which can be wafted great distances on the breeze, and the aerosols have unpleasant odours. They may, quite probably, be a danger to health also, if they are inhaled, or settle on food, or babies' prams. This is a national problem which was being studied by the Public Health Committee of the Rural District Councils Association and the Ministry of Agriculture, Fisheries and Food, but, as far as I know, it is not yet nearing solution.

MEALS ON WHEELS SERVICE

Since 1963 the Council have been contributing financially towards a Meals on Wheels Service run in this area by the Women's Voluntary Services, to which the Wiltshire County Council (Welfare Department) also contribute to the rest of the cost materially. The service is at present confined to Mere Parish, Tisbury, Zeals. The service used to include Kilminster but this has unfortunately lapsed. During the year, from Mere 5 persons on average were being provided with meals on wheels through the W.R.V.S., meals coming from the Duchy Manor school kitchen in term time and from a local cafe during school recess. From Tisbury 16 persons on average were receiving meals twice a week, the meals coming from a local cafe all the time. From Zeals 5 persons were being served on two days a week, under an 'independent' scheme, managed by Major General M.N. Dewing of Zeals.

There is a need for expansion of the service to other parts of the Rural District, such as the Donheads.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

In this Rural District inspections are carried out by the Public Health Inspectors not by veterinary surgeons. One establishment was licensed.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Details are reported in the Chief Public Health Inspector's section. With the regrettable closure two years ago of Senley Railway Station access to and from this unfortunate village for shopping becomes increasingly difficult, and Tisbury is now the only railway station open to passengers in the rural district.

TABLE VII FACTORIES ACTS
1937 - 1959

Particulars prescribed by the Ministry of Labour of the Acts in so far as the Local Authority is concerned.

PART ONE OF THE ACT.

Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises	Number in Register	Number of Inspections	Written Notices	Occupiers Prosecuted
Factories in which sections 1,2,3,4, & 6 are to be enforced by Local Authorities.	3	3	-	-
Factories not included in above in which Section 7 is enforced by the Local Authority	32	5	-	-
Other premises in which Section 7 is enforced by the Local Authority (excluding out workers' premises)	14	10	-	-
Total	49	18	-	-

Cases in which defects were found. NIL

PART VIII OF THE ACT.(Outwork Sections 110 and 111)

Nature of work.

Wearing apparel (Making etc. Cleaning and Washing)	18
Number of cases of default in sending lists to the Council ..	NIL
Number of prosecutions for failure to supply lists	NIL
Number of instances of work in unwholesome premises	NIL
Notices served	NIL
Prosecutions	NIL

No Outworkers were known to be practising any of the 47 other types of outwork as listed under Part VIII of the Act. I have discontinued the complete recitation of this list, for 1970. In spite of its bizzare and kaleidoscopic range, it hardly seems to justify the annual repetition when no outworkers do any of these jobs in their homes within this Rural District.

This table is included in the report on the instructions of the Department of Health, for the benefit of the Ministry of Labour.

F.J.G. LISHMAN

MEDICAL OFFICER OF HEALTH.

15th September, 1971

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

Showing the Sanitary Circumstances
of the Area for the Year ended
31st December, 1970

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1970.

H. SHARRATT

Chief Public Health Inspector.

GENERAL INFORMATION

Situated in the South West Corner of Wiltshire bordering Somerset and Dorset, the Mere and Tisbury Rural District consists of twenty-six parishes. The two larger parishes of Mere and Tisbury are semi-urban in character providing facilities for the day to day needs of the surrounding parishes. The A.303 road bearing heavy traffic to the West runs for fifteen miles through the district in the North and the A.30 for eight miles in the South. The London/Exeter line of the Southern Region British Railways bisects the district from East to West and there is now only one station with limited service in operation, i.e., Tisbury.

Industry is predominantly agricultural but additional industry is now established in Mere and Tisbury. Brush making has been carried on for many years and a factory manufacturing Steel Chimneys is now well established. In Tisbury, Dog Food, Agricultural Implements and Furniture and Fittings are now manufactured.

Two large private schools for Girls are situated in the district; Cranborne Chase School at Wardour and St. Mary's Convent at Donhead St. Mary. There is one privately run Home for the Elderly and Pyt House is now run by the Mutual Households Association.

STAFF

Illness and resignations depleted the staff of the Department during the year and consequently this shows in a reduced number of inspections carried out.

Mr. B.J. Roberts, Additional Public Health Inspector was absent with a broken leg from the beginning of February to the end of March and resigned to take up a Senior appointment at Martley Rural District on 1st July, 1970.

Mr. J. Gosnell, Additional Public Health Inspector, did not take up the appointment until 1st November, 1970.

Miss D. Mills, Clerk/Typist resigned at the end of March and her successor, Mrs. T. Read was absent due to illness from the end of June and not being able to return to work she resigned in October, 1970.

Miss S. Barrett commenced her duties as Clerk/Typist on the 30th October, 1970.

SANITARY INSPECTIONS OF THE AREA.

Public Health Act 1936 and General Sanitation.

Number of Inspections re:	Water Supply	..	..	..	..	41
	Watercress..	..	..	..	..	9
	Swimming Pools	..	..	..	..	13
	Milk Samples	..	..	..	..	154
	Food Inspections	..	..	..	..	12
	Infectious Diseases/suspected					
	Dysentery to obtain samples	..	..	..	..	40
	Sewage Samples	..	..	..	..	6
	Drainage and/or Sanitary					
	Accommodation	..	..	..	..	67
	Farm Drainage	..	..	..	..	8
	Pollution of Water Courses/Rivers					
	Prevention of Pollution Act 1961					7
	Miscellaneous Complaints	..	..	..	..	63
	Infestations	..	..	..	..	27
	Filthy and Verminous Premises	..	..	..	..	4
	Aged and Infirm persons	..	..	..	..	39
	Gypsies	..	..	..	..	6
	Moveable Dwellings	..	..	..	..	12
	Noise	..	..	..	..	8
	Litter	..	..	..	..	26
	Outworkers	..	..	..	..	18
	Dangerous Structures	..	..	..	..	9

HOUSING

Council Dwellings completed in 1970: 36

	<u>Houses</u>	<u>Flats</u>	<u>Bungalows/Bed Sitters</u>
Council Dwellings under construction in 1970	9
Council Houses: Change of Tenancy 1970	51

Refrigerators Tenants of Council Houses may rent refrigerators and 260 tenants are taking advantage of this scheme.

SHELTERED ACCOMMODATION

The Group Dwelling Scheme, with Warden supervision, at Lynch Close, Mere was completed during the year with all 22 units occupied. The scheme is operating very satisfactorily with an excellent Warden, Mrs. E. Frampton. The residents have formed a small committee to run social functions, which are well attended, and the Communal Lounge and Laundry facilities are in full use.

The Group Dwelling Scheme at Nadder Close, Tisbury neared completion at the end of the year and the first of the 24 units were occupied. Again the Council were fortunate in obtaining the services of an excellent Warden, Mrs. L. Burfitt.

Both units suffered from electricity cuts operating in the winter of 1970/71 but with the help of the Wardens inconvenience to the residents was kept to a minimum.

The number of visits to aged and infirm persons increases each year. The need for a Residential Home for the Elderly in this part of Wiltshire is still apparent. Accommodation in Salisbury and Warminster means that the elderly in this district, needing such accommodation, are moved from villages where they have invariably lived for many years and with further cuts in Public Transport relatives find it difficult for visiting. There was some indication that the Welfare Department of the Wiltshire County Council recognise this need and suggestions for a site in Mere have been made.

HOUSING STATISTICS FOR 1970

1.	Number of dwellings in district at the end of the year	..	4276
2.	Number of permanent dwellings owned by Local Authority	..	814
3.	Number of temporary dwellings in district owned by Local Authority	.. .. .	NIL
4.	Number of applications for Council dwellings at end of year		302
5.	<u>Inspection of dwellings during year</u>		
	<u>A. Under Public Health Acts</u>		
	(i) Number of dwellings inspected	.. .. .	32
	(ii) Number of dwellings found to be unfit	.. .. .	13
	(iii) Number of dwellings made fit after informal action	..	10
	(iv) Number of dwellings where formal notices were served	..	NIL
	(v) Number of dwellings made fit after formal notice	..	NIL
	(a) By Owners	.. .. .	NIL
	(b) By Local Authority in default of owners	.. ..	NIL
	<u>B. Under Housing Acts</u>		
	(i) Number of dwellings inspected	.. .. .	110
	(ii) Number of dwellings found to be unfit	.. .. .	33
	(iii) Number of dwellings where informal notices were served		6
	(iv) Number of dwellings made fit after informal action		31

C. <u>Proceedings under Sections 9 and 10 of the Housing Act, 1957</u>									
(i)	Number of dwellings where formal notice served								NIL
(ii)	Number of dwellings made fit after service of formal notice								NIL
	(a) By Owners								NIL
	(b) By Local Authority in default of Owners.. ..								NIL

D. Proceedings under Section 16 and 17 Housing Act, 1957

(i)	Number of demolition Orders made.. ..								NIL
(ii)	Number of dwellings demolished as a result of demolition orders.. ..								NIL
(iii)	Number of undertakings accepted to make fit or not to relet								4
(iv)	Number of dwellings made fit as a result of undertakings.. ..								NIL

E. Proceedings under Sections 16,17,18,26 and 35 Housing Act, 1957 and section 26 of Housing Act 1961

(i)	Number of dwellings where closing orders were made ..								NIL
(ii)	Number of dwellings closed as a result of closing orders								NIL

F. Proceedings under Sections 17,42,43,46, and 48 Housing Act,1957

(i)	Number of dwellings in clearance areas upon which demolition orders were made								NIL
(ii)	Number of dwellings demolished as a result of demolition orders								NIL
(iii)	Number of dwellings in clearance areas which have been retained as temporary accommodation								NIL

G. Proceedings under Section 76 Housing Act 1957

(i)	Number of cases of overcrowding at end of year								1
(ii)	Number of cases of overcrowding discovered during year ..								6
(iii)	Number of cases of overcrowding abated during year ..								6

Houses erected or converted during the year

LOCAL AUTHORITY

(i)	For Slum Clearance.. ..								NIL
(ii)	For other purposes.. ..								36
(iii)	Gained from conversion of large houses into flats or dwellings								NIL
(iv)	Lost from conversion of two or more houses into one								NIL

PRIVATE ENTERPRISE

(i)	For other purposes								33
(ii)	Gained from conversion of large houses into flats or dwellings								5
(iii)	Lost from conversion of two or more houses into one								6

STANDARD GRANTS AND DISCRETIONARY GRANTS.

DISCRETIONARY GRANTS

(i)	Applications received								21
(ii)	Applications approved								19

(iii) Applications rejected	1
(iv) Applications underconsideration	NIL
(v) Applications withdrawn	1

Number of houses improved during 1970 as a result of Grants ..	10
Value of Grants made during 1970.. .. .	£6,524

STANDARD GRANTS

(i) Applications received	23
(ii) Applications approved	21
(iii) Number of Baths installed in Grants completed 1970 ..	18
(iv) Number of Washbasins	17
(v) Number of Hot Water Supplies	18
(vi) Number of Sinks	8
(vii) Number of Water Closets	17
(viii) Number of Septic Tanks.. .. .	4
(ix) Number of Bathroom Extensions	1
(x) Number of Piped Water supplies	1

Number of houses improved during 1970 as a result of Grants ..	19
Value of Grants made during 1970	£4,110

RENT ACT, 1957

Applications for Certificate of Disrepair	NIL
Certificates issued	NIL
Undertakings to effect repairs accepted	NIL
Applications for cancellation of Certificate	NIL
Certificates cancelled.. .. .	NIL
Inspections	NIL

QUALIFICATION CERTIFICATES

Number of applications received	5
Number of Certificates issued	3

CARAVANS

There has been no demand for a site to be provided and operated by the Council but the Wiltshire County Council has been requested to consider the provision of a site on the A.303 for use by holiday travellers as a night stop.

Sites Licensed

1. More than one Caravan on Site	1
2. Caravan Club Licence	1
3. Single Caravan on site	20

GYPSIES

There is one encampment within the District at The Dene, Hindon, and the area is one of approximately ten acres and is divided into seven sites owned by the occupants.

Semley Common.

One family still remain encamped on Semley Common at Harthill.

CAMPING SITE

Camp Mohawk at Fonthill Abbey Woods was again open during the summer months. This is a well organised site with ample water supply, sanitary accommodation and showers.

RODENT CONTROL.

Complaints of Rodent Infestation are investigated and necessary treatments carried out. Business premises are charged for this work but usually private contractors provide a service for agricultural premises. Refuse Tips are regularly treated.

Sewers at Mere, Zeals, Tisbury, Hindon, and Maiden Bradley were baited. Little evidence of infestation was found.

Number of properties inspected:	Non Agricultural	..	..	..	90
	Agricultural	..	..	..	6
Number infested by Rats:	Non Agricultural	..	..	..	74
	Agricultural	..	..	..	6
Number infested by Mice:	Non Agricultural	..	..	..	6
Number of properties surveyed:	Non Agricultural	..	..	..	191
	Agricultural	..	..	..	12
Notices served under Section 4.	..	..	..	..	NIL

PUBLIC CLEANSING

Household and Trade Refuse Collection

The Council operates a fortnightly collection of refuse throughout the district. Two vehicles are operated with one driver and two loaders to the 20 cu. yd. Pakamatis and one driver and one loader to the 18 cu. yd. Dual Tip. The collection is from the kerbside.

Provision of Dustbins.

Dustbins are provided only for Council Houses. The Council has not taken action under Section 75 of the Public Health Act to provide dustbins either at a charge or as a rate borne service.

Disposal

The disposal of refuse is to dumps at Ansty, and East Knoyle.

WORK STUDY.

The Council agreed in principle to participate in the proposed work study to be undertaken by the Wiltshire County Council and this was commenced on the Refuse Collection Service at the end of the year.

CIVIC AMENITIES ACT 1967

The administration of Part III of the Act is carried out by the Public Health Department and the Public Health Inspectors are authorised officers.

For the purposes of Section 20, arrangements have been made for the safe storage of vehicles removed and waiting collection.

For the purposes of Section 18, the tips at Ansty and East Knoyle are places where residents may deposit refuse at all reasonable times.

Frequent complaints are received of dumping in Toakes Lane, Semley, and this area was cleared during the year.

The dumping of unwanted vehicles continues and action taken resulted in the removal of ten old cars in various parts of the district. This work takes a great deal of time in efforts to establish ownership and effecting removal.

SALVAGE

Householders are requested to put out Newspaper, Cardboard and Magazines separately parcelled. The refuse collectors receive ten per cent each of the income as bonus.

	Tons	cwts.	qurs	£	s	d
Unbaled Fams	7	14	2	25	0	0
Newsprint	23	17	3	236	11	4
	31	12	1	261	11	4

PUBLIC CONVENIENCES

Public Conveniences are provided by the Council at the Car Parks in Mere and Tisbury.

New Conveniences were opened at the Car Park Tisbury and the unsatisfactory Gentlemen's Convenience in the High Street was demolished. The Conveniences in Angel Lane, Mere were re-opened following extensive improvements. The Wiltshire County Council has provided prefabricated public conveniences at Willoughby Hedge and at Zeals. The maintenance is carried out by employees of the Rural District and the cost is borne by the County Council.

LITTER ACT 1958

Litter bins are installed at various points throughout the district. The Wiltshire County Council Highways Dept., co-operate with the provision of litter bins in lay-bys. The Rural District Council receives a contribution at the rate of three shillings per bin clearance on trunk roads and one shilling and six pence on other lay-bys for a weekly clearance.

WATER SUPPLY

The West Wilts Water Board supply throughout the Council's district. The source of water is at Burton Fields, Mere: Dunkerton Springs, Maiden Bradley, and at Donhead St. Andrew. This is linked to reservoirs at Hatch, Hindon, East Knoyle, Sutton Mandeville, Donhead St. Andrew and Teffont.

	Direct No of houses	Population (approx)	By Standpipe No of houses	Population (approx)
Alvediston	10	35		
Ansty	45	126		
Berwick St. John	94	283		
Chilmark	118	326		
Donhead St. Andrew	120	407		
Donhead St. Mary	299	908		
East Knoyle	185	620		
Fonthill Gifford	6	20		
Fonthill Bishop	8	24		
Hindon	216	506	7	20
Kilminster	55	290		
Maiden Bradley	133	300		
Mere	808	2000		
Sedgehill	25	123		
Semley	102	290		
Stourton	14	49		
Sutton Mandeville	33	90		
Swallowcliffe	51	158		
Teffont	87	244		
Tisbury	557	1656		
Tollard Royal	30	78		
West Knoyle	26	89		
West Tisbury	92	318		
Zeals	184	450		

ANALYSIS OF WATER SUPPLIES
(Bacteriological)

(a) Public Supplies.

Frequent water samples are taken by the West Wilts Water Board in all parts of the area and copies of the analyses are sent to the Medical Officer of Health.

A number of unsatisfactory results were received in respect of samples taken by the Board and concerned the spring water supply prior to chlorination at Dunkerton Springs, Maiden Bradley. No unsatisfactory reports were received of water from this source following chlorination.

The following samples were taken by this Department.

Number of samples taken during the year	..	..	..	..	..	4
Number found to be satisfactory	..	..	..	..	..	4

(b) Private Sources.

Number of samples taken during the year	..	..	..	..	41
Number of samples found to be satisfactory	..	..	..	..	29
Number found to be unsatisfactory	..	..	..	..	12

ANALYSIS OF WATER SUPPLIES (Chemical)

The report from the Counties Public Health Laboratory on samples taken from Burton Fields, Dunkerton Springs and Donhead Borehole shows:-

"This sample is clear and bright in appearance.

The water is on the alkaline side of neutrality, is moderately hard in character, it contains no excess of mineral constituents and it is free from iron and other metals.

Organic quality is very satisfactory. From the aspect of the chemical and mineral analysis these results are indicative of a pure and wholesome water suitable for public supply purposes."

The reports are the same for each source.

FLUORIDE

Burton Field Borehold, Mere.	Less than 0.1 p.p.m.
Dunkerton Springs, Maiden Bradley.	0.1 p.p.m.
Donhead Borehold.	0.1 p.p.m.

WATERCRESS BEDS

Routine inspections were made and water samples taken from the Watercress Beds at Mere, Zeals, Donhead St. Andrew and Donhead St. Mary.

Number of samples taken from Beds and Sources.. .. 4

During this year Cress Beds at Mere ceased to operate.

WATERCRESS SAMPLES

Number of samples taken after washing in chlorinated water .. 6

All watercress is washed in chlorinated water after cutting and Hydro cooling is carried out at two beds.

SWIMMING POOLS

There are eight swimming pools in the district. Regular checking of Chlorine content is carried out and seven bacteriological samples were taken during the year.

Pyt House Club	Open to Members
Tisbury Secondary	
Modern School	Also open to the public
Mere Secondary Modern School	Also open to the adult members of the public.
St. Mary's Convent	Private School
Crarborne Chase School ..	Private School
East Knoyle	School children only
Semley Primary School ..	School children only
Ludwell Primary school ..	School children only

SEWERAGE AND SEWAGE DISPOSAL

Five parishes have a main sewerage system and in the remainder of the District disposal is by Septic Tank, Cesspool or Pail Closet.

A cesspool emptying service for domestic properties was commenced on the 1st January, 1965

Number of premises registered 1,450

The service is operated with a 1000 gallon Eagle Cesspit Emptier and two men. Disposal of the sewage is to farmland and to Sewage Disposal works at Mere and Zeals. Tanks are emptied once per year free of charge and subsequent servicing within the year is charged at £1.50 per time.

TISBURY

The works, completed in 1959, continue to operate in a satisfactory manner. Trade effluent is accepted from the Factory manufacturing Dog Food. An attendant is employed here with assistance from mobile staff.

New Connections to sewers 1

MERE

These works, maintained by a Sewage works manager and one attendant function in a satisfactory manner. Industry in Mere has no trade effluent problem.

New Connections to sewers 4

HINDON

Constructed in 1964 these works continue to function in a satisfactory manner.

New Connections to sewers NIL

ZEALS

New Connections to sewers 12

MAIDEN BRADLEY

New Connections to sewers 2

EAST KNOYLE

Approval received and tenders invited.

CHILMARK AND TEFFONT.

Scheme in preparation.

INSPECTION AND SUPERVISION OF FOOD

Food Hygiene Regulations, 1960

Number of inspections made: 45

				<u>Reg 16</u>	<u>Reg 19</u>
Public Houses	..	..	..	28	28
Grocery Shops	...	..	..	34	33
Fishmongers	..	..	..	4	4
Butchers Shops	...	..	..	4	4
Cafes	..	..	..	15	14
Hospitals & Institutions	..		1	1	1
Parish Halls, Clubs		..			
Sweet Shops etc.	..	..	15	12	10
Schools	..	..	9	9	9
Canteens	..	..	2	2	2
Delivery Vehicles	..	..	4	3	2

Number of Food premises registered under Section 16, Food & Drugs Act 1955

1. Preparation or Manufacture of Sausages 8
2. Sale or Preparation of Cooked Meats.. .. . 16

Mobile Canteens

During the summer mobile canteens appear on lay-bys and verges. Routine inspections are carried out but the short stay on site makes adequate control difficult.

MILK

The Wiltshire County Council delegated licensing and sampling powers under the Milk (Special Designations) Regulations.

LICENCES

Dealers (Prepacked Milk) Licence	..	Pasteurised	..	18
Dealers (Prepacked Milk) Licence	..	Sterilised	..	1
Dealers (Prepacked Milk) Licence	..	U.H.T.	..	2

Other dealers delivering milk in the District are licensed by the Authority in whose district their premises are situated. A requirement of the delegation was the regular sampling of milk. The number of samples to be taken annually is 153.

Samples Taken During 1970

Raw milk samples for statutory test		Raw Milk samples for biological test		Heat Treated samples for statutory tests		Bottles rinses	
Pass	Fail	T.B. Pos.	Neg.	B.A. Pos.	Neg.	Pass	Fail
-	-	-	-	-	-	154	17

157 routine inspections of milk shops, dairies and delivery vans were made.

Milk Supplies - Brucella Abortus

Number of samples of raw milk examined NIL

Cream

Premises at which cream is heat treated NIL

Premises at which heat treated or raw creams
are used in the manufacture of other products NIL

ICE CREAM

Ice Cream is not manufactured in the District and that sold within the district is pre-packed.

No cases of illness from the consumption of this food was reported

Premises registered for the sale of Ice Cream.. .. 59

FOOD CONDEMNED

The undermentioned foodstuffs were condemned as unfit for human consumption.

3 bottles French Dressing
3 bottles Garlic Dressing
216 Steak and Kidney Puddings
5 Cans Almonds
7 Cans Potatoes
17 Cans Bamboo Shoots
1 x 2lb. tin Ox Tongue
50 lbs Middle Cut Bacon
1½lbs. Tongue
73lbs. Ox Lips
7 lbs. Haddock.

FOOD COMPLAINTS

The following commodities were the subject of complaint:-

1. Mineral Water. The purchaser complained that a bottle of Cherryade contained a cigarette end. Reference to manufacturers established that this could have only been inserted after leaving the Factory. Warning issued.
2. Butter. The purchaser complained of an insect in the substance. No action taken as the time and place of purchase in doubt.
3. Steak and Kidney Pudding. The purchasers complained of unwholesome smell when these were being cooked. Reference to the manufacturers established that during the weekend a motor to the cooler burnt out and the product not kept at correct temperature. Lack of communication had resulted in this batch being sent out. A warning was issued and the firm has instituted a new method of checking coolers over the weekend.

MEAT INSPECTION.

There are no Slaughterhouses in the district.

LIQUID EGG (PASTEURISATION) REGULATIONS

There are no Pasteurising Plants in the District and no samples of liquid eggs were taken.

SLAUGHTER OF ANIMALS ACT 1958

Number of renewals of Licences issued to Slaughtermen .. 2

POULTRY INSPECTION

There are no poultry processing premises within the district.

DISEASES OF ANIMALS (WASTE FOOD) ORDER 1957

The Wiltshire County Council has delegated its function under this Order to the District Council and the Public Health Inspector is authorised to act as Inspector of the Local Authority under the 1960 Act.

Number of Premises Licensed	..	..	..	..	..	..	1
Breaches of the Order	..	..	..	..	..	..	NIL

CLEAN AIR ACT

No action was necessary during 1970 to abate air pollution.

RAG FLOCK AND OTHER FILLINGS ACT

There are no premises requiring Licensing or Registering under this Act.

ANIMAL BOARDING ESTABLISHMENTS ACT 1963

The Public Health Inspectors are authorised officers for the purpose of this Act.

Number of Establishments Licensed	1
-----------------------------------	----	----	----	----	---

PET ANIMALS ACT 1951

The Public Health Inspectors are authorised officers for the purpose of this Act.

Number of Establishments Licensed	1
-----------------------------------	----	----	----	----	---

OFFICES, SHOPS & RAILWAY PREMISES ACT 1963

Prescribed particulars to be included in the Annual Report to the Minister of Labour by Local Authorities and The London County Council under Section 60.

Table A. Registration and General Inspections.

(Continued on next page.)

Period covered: to December 1970

Class of Premises	Number of premises registered during year.	Total Number of registered premises at end of year.	Registered Premises Receiving General Inspection.
-------------------	--	---	---

Offices	NIL	15	6
Retail Shops	1	35	16
Wholesale Shops, Warehouses	NIL	NIL	NIL
Catering Establish- ments open to the public, Canteens	1	11	3
Fuel Storage Depots	NIL	NIL	NIL
TOTALS	2	61	25

Total number of visits to registered premises under the Act:- 32.

H. SHARRATT

Chief Public Health Inspector.

